Allianz

Allianz Worldwide Care

Claim Form.

To help us provide you with a fast and efficient service, we kindly ask you to note the following:

- A fully completed form will speed up the assessment and payment of your claim
- All relevant original invoices must be attached. Unfortunately, photocopies, receipts and credit card slips cannot be accepted. We recommend that you keep copies of all documents submitted, should you require them at a later date
- A separate claim form is required for every patient and each medical condition
- **Finally, we kindly ask that you complete this form in BLOCK CAPITALS and post to the address below within 6 months after the end of the insurance year. Beyond this time we are not obliged to settle the claim**

1. Policyholder details.

Insurance number ______ Title ______

Surname ______ First name(s) ______

Correspondence address ______

______

Phone no. daytime ______ Evening ______

Fax ______

Email ______

2. Patient details.

Title ______ Surname ______ First name(s) ______

Date of birth (dd/mm/yy) d d m m y y Is this claim related to an accident? Yes ◯ No ◯

3. Payment details.

Option 1 Payment to **Policyholder/Insured** ◯

Payment to be made in: Invoice currency ◯ Other currency (please specify) ______

Preferred payment method: Cheque ◯ Bank transfer ◯ (please fill in bank details)

Name of bank account ______

Account no./IBAN ______ Sort/branch code ______

Swift code ______ Bank name ______

Bank address ______

Option 2 Payment to **Provider of Medical Service** (e.g Hospital, Specialist, MRI)

Please tick if direct billing has been previously agreed with Allianz Worldwide Care ◯

4. Patient signature and release of medical records.

I certify that to the best of my knowledge, this claim form does not contain any false, misleading or incomplete information. I understand that in the event that this claim is found to be fraudulent in whole or in part, the policy will be invalidated and I will be liable for prosecution. In respect of any medical claim, I hereby authorise my medical practitioner, health professional or other relevant medical establishment to provide any health details or medical records that may be requested by Allianz Worldwide Care Limited or their appointed representatives.
If a minor was treated, a parent or guardian should sign this section.

Patient signature ______ Date (dd/mm/yy) d d m m y y

Allianz Worldwide Care Limited, Claims Department, 20D Beckett Way,
Park West Business Campus, Nangor Road, Dublin 12, Ireland.
Helpline: +353 1 630 1301 Fax: +353 1 630 1306 E-mail: client.services@allianzworldwidecare.com

Sections 5 and 6 to be completed by treating doctor in BLOCK CAPITALS unless your invoices contain details of the diagnoses as well as the nature of your treatment.

5. Medical provider information.

Name of doctor/specialist

Qualifications/credentials

Name of hospital/clinic

Address

Phone

Fax

Email

6. Medical information.

Has Treatment Guarantee been obtained? Yes ◯ No ◯

Indicate type of treatment received: Elective ◯ Emergency ◯

Indicate type of condition: Acute ◯ Chronic ◯ Acute episode of chronic ◯

Please provide full details of the medical condition requiring treatment, including ICD code/DSM-IV

On what date did the patient first present these symptoms to you? Date (dd/mm/yy) d d m m y y

Prior to consulting you, when did the patient first notice signs or symptoms of this medical condition? Date (dd/mm/yy) d d m m y y

Are you aware of any treatment given for this or any related illness in the past? Yes ◯ No ◯
If yes, please provide details

Applicable to physiotherapy/psychotherapy claims only. Please provide full referral details

Name of referring physician

Telephone number

Date of referral d d m m y y

Applicable to dental treatment claims only.

Was the patient suffering from dental pain at the time he/she visited you for treatment? Yes ◯ No ◯

Doctor signature

Date (dd/mm/yy) d d m m y y

Pacific Prime International

The confidentiality of patient and member information is of paramount concern to Allianz Worldwide Care. Allianz Worldwide Care fully complies with European Data Protection Legislation and International Medical Confidentiality Guidelines. You have a right to access the personal data that is held about you. You also have the right to request that we amend or delete any information which you believe is inaccurate or out of date.